

# MARKETING AND DISTRIBUTION ANNUAL REPORT FORM

(Complete and submit this form to IDEM by January 31 of each year)

PERMIT NO.: INLA FACILITY NAME: \_\_\_\_\_ YEAR: \_\_\_\_\_

Month	Dry Tons	Lab. No.
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

## Class A Pathogen Reduction Method (attach sample results when applicable)

Check appropriate box, give explanation if more than one is applicable


Alternative 1  
Alternative 2  
Alternative 3


Alternative 4  
Alternative 5  
Alternative 6

## Vector Attraction Reduction Method (attach sample results when applicable)

Check appropriate box, give explanation if more than one is applicable


Option 1 38% VSR  
Option 2 Anaerobic/Bench  
Option 3 Aerobic/Bench  
Option 4 SOUR


Option 5 Aerobic  
Option 6 Alkali  
Option 7 75% Solids  
Option 8 90% Solids

## Analytical Results:

Lab Nos.:

	1	2	3	4	5	6	7	8	9	10	11	12
Sample Report Date												
Percent Total Solids												
Arsenic (As)												
Cadmium (Cd)												
Copper (Cu)												
Lead (Pb)												
Mercury (Hg)												
Molybdenum (Mo)												
Nickel (Ni)												
Selenium (Se)												
Zinc (Zn)												

Total N (TN)												
Ammonium N (NH <sub>4</sub> -N)												
Nitrate N (NO <sub>3</sub> -N)												
Phosphorus (P)												
Potassium (K)												

PCB												
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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### RECIPIENTS OF 1 METRIC TON OR GREATER

[illegible]